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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number 13325.0036
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450</p> <p>on <u>April 25, 2005</u></p> <p>Signature <u>Martin G. Linihan</u></p> <p>Typed or Printed Name <u>Martin G. Linihan</u></p>	In re Application of John K. Schneider et al.	
	Application Number 09/658,638	Filed September 11, 2000
	For Mobile Fingerprint Scanner And Docking Station	
	Group Art Unit 2621	Examiner D.M. Dang

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 500.00

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-2442. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a). (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- applicant/inventor
- assignee of record of the entire interest.
(See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- attorney or agent of record.
Registration number _____
- attorney or agent acting under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a). _____



Signature

Martin G. Linihan
Typed or printed name

716-848-1367
Telephone Number

April 25, 2005
Date

NOTE: Signatures of all the inventors or record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.

- Total of _____ forms are submitted.

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APR 27 2005

Effective on 12/08/2004

Fees pursuant to Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL
For FY 2005**

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$500.00)**Complete if Known**

Application Number	09/658,638
Filing Date	September 11, 2000
First Named Inventor	John K. Schneider et al.
Examiner Name	D.M. Dang
Art Unit	2621
Attorney Docket No.	13325.0036

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments |

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Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP =	x	=		Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-3 or HP =	x	=		Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	= (round up to a whole number)	x	= Fee Paid (\$)

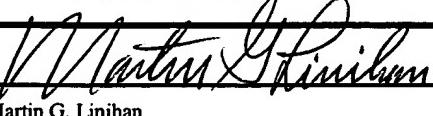
4. OTHER FEE(S)

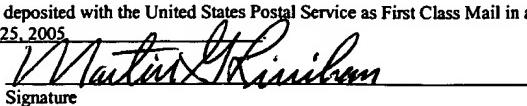
Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal

\$500.00

SUBMITTED BY

SIGNATURE		Registration No. (Attorney/Agent) 24,926	Telephone 716-856-4000
NAME (Print/Type)	Martin G. Linahan		Date April 25, 2005

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on April 25, 2005.Martin G. Linahan
Name
SignatureApril 25, 2005
Date of Signature